

775

179701

FATALITY #126

RSP# - 1196-12757-4

REPORT ENTERED

DATE 10-20-94 BY J.S.

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (Eff. 9/2/93) MAIL TO: STATISTICAL SERVICES, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0001

PLACE WHERE ACCIDENT OCCURRED COUNTY <u>HARRIS</u> CITY OR TOWN <u>HOUSTON</u>		LOC. NO. <u>94053743</u>
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN _____		DO NOT WRITE IN THIS SPACE
ROAD ON WHICH ACCIDENT OCCURRED BLOCK NUMBER <u>BELLAIRE</u> STREET OR ROAD NAME <u>1155</u> ROUTE NUMBER OR STREET CODE <u>4641</u>		DPS NO. _____
INTERSECTING STREET OR RR X'ING NUMBER BLOCK NUMBER <u>FONDREN</u> STREET OR ROAD NAME <u>4641</u> ROUTE NUMBER OR STREET CODE _____		LOC. _____
NOT AT INTERSECTION <input type="checkbox"/> FT. <input type="checkbox"/> MI. N S E W <input type="checkbox"/> OF _____		CODE _____ SEVERITY _____
CASE # <u>111470994-B</u>		TYPE _____
DATE OF ACCIDENT <u>OCTOBER, 1</u> 19 <u>94</u> DAY OF WEEK <u>SATURDAY</u> HOUR <u>7 10</u> <input checked="" type="checkbox"/> A.M. IF EXACTLY NOON <input type="checkbox"/> P.M. OR MIDNIGHT, SO STATE		FAT. REC. _____ OR REC. _____

UNIT NO. 1 - MOTOR VEHICLE	VEH IDENT NO <u>1H6ED3652MLO44683</u>	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY <u>N/A</u>
YEAR <u>91</u> COLOR <u>GRAY</u> MAKE <u>HONDA</u> MODEL <u>CIVIC</u> BODY STYLE <u>4DR</u>	LICENSE <u>94 TX KTW-02D</u>	
DRIVER'S NAME <u>OCBAYOHANNES, BISSIRAT</u> ADDRESS <u>6003 RAMPACT</u> CITY <u>HOUSTON</u> STATE <u>TX</u> ZIP <u>77081</u>	PHONE NUMBER <u>665-2318</u>	
DRIVER'S LICENSE <u>TX 04920952 C/-</u> DOB <u>7 13 67</u> RACE <u>B</u> SEX <u>F</u> OCCUPATION <u>CLERK</u>		
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input checked="" type="checkbox"/> 3 ALCOHOL/DRUG ANALYSIS RESULT <u>NEGATIVE</u>	PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LESSEE <input type="checkbox"/> SAME OWNER <input checked="" type="checkbox"/>		
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <u>STATE FARM</u> <u>328 1049 E23 53</u> POLICY NUMBER <u>FLH4LD-5</u> (Burned)	VEHICLE DAMAGE RATING	

UNIT NO. 2 TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/>	VEH IDENT NO <u>1XKDD8X2R5624912</u>	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY <u>N/A</u>
YEAR <u>94</u> COLOR <u>WHE/RED</u> MAKE <u>WHE/RED</u> MODEL <u>CONVENTIONAL</u> BODY STYLE <u>TRUCK TRACTOR</u>	LICENSE <u>95 TX 2AH-135</u>	
DRIVER'S NAME <u>DALCOUR, EUGENE</u> ADDRESS <u>3303 STURBRIDGE</u> CITY <u>HOUSTON</u> STATE <u>TX</u> ZIP <u>77479</u>	PHONE NUMBER <u>265-4534</u>	
DRIVER'S LICENSE <u>TX 01775580 A-CDL-X</u> DOB <u>7 1 46</u> RACE <u>B</u> SEX <u>M</u> OCCUPATION <u>TRUCK DRIVER</u>		
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input checked="" type="checkbox"/> 4 ALCOHOL/DRUG ANALYSIS RESULT <u>-</u>	PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LESSEE <input type="checkbox"/> EXXON OWNER <input checked="" type="checkbox"/>		
LIABILITY INSURANCE <input checked="" type="checkbox"/> YES <u>NATIONAL UNION FIRE INS. CO.</u> <u>10501 E. ALMEDA</u> <u>HOUSTON TX 77051</u> POLICY NUMBER <u>CA5409272</u>	VEHICLE DAMAGE RATING <u>0</u>	

DAMAGE TO PROPERTY OTHER THAN VEHICLES	OBJECT <u>NONE</u>	FEET FROM CURB <u>5</u>	DAMAGE ESTIMATE
--	--------------------	-------------------------	-----------------

LIGHT CONDITION <u>1</u>	WEATHER <u>01</u>	SURFACE CONDITION <u>1</u>	TYPE ROAD SURFACE <u>2</u>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED	NAME _____ CHARGE _____ CITATION NUMBER _____
	NAME _____ CHARGE _____ CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT <u>10/1/94</u> <u>7:29A</u> M HOW <u>DISPATCHOR</u>	TIME ARRIVED AT SCENE OF ACCIDENT <u>10/1/94</u> <u>7:37A</u> M
TYPED OR PRINTED NAME OF INVESTIGATOR <u>J.M. SMITH</u>	DATE REPORT MADE <u>10/1/94</u> IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR <u>[Signature]</u> ID NO. <u>4440</u> DEPARTMENT <u>HPD</u> DIST./AREA <u>18/60</u>	

FATALITY #126

2B

EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNK IF DAMAGED 4 - NOT WORN 9 - UNK IF WORN	X - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO 1	TOWED DUE TO DAMAGE FL + LD - S	VEHICLE REMOVED TO 5425 S. RICE 664-1800	BY C. C. I. EWL 193
DAMAGE RATING	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED		
OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS	EJECTED TYPE RESTRAINT USED AIRBAG HELMET AGE SEX INJURY CODE
1 DRIVER	SEE FRONT		N A N 4 27 F K

UNIT NO 2 (COMPLETE ONLY IF UNIT NO 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE 0	VEHICLE REMOVED TO 10501 E. ALMUDA	BY DAN WHEELER Heavy Duty
DAMAGE RATING	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC. HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED		
OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS	EJECTED TYPE RESTRAINT USED AIRBAG HELMET AGE SEX INJURY CODE
6 DRIVER	SEE FRONT		N A N 4 48 M C

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
1	COUNTY MORGUE	SASTANA FUNERAL DIRECTORS	0718	0830	2
6	SOUTHWEST MEMORIAL	HFD A-10	0718	0721	2

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH
1	10-1-94	7:10AM						

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)	DIAGRAM <input type="checkbox"/> ONE WAY <input type="checkbox"/> TWO WAY <input type="checkbox"/> DIVIDED <input type="radio"/> INDICATE NORTH
UNIT #2 NIB ON FONDREN.	
UNIT #1 WIB ON BELLAIRE AT A HIGH RATE OF SPEED, RAN THE RED LIGHT, AND HIT #2 FL + LD TO BRQ OF #2A.	

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			TRAFFIC CONTROL		
FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			TRAFFIC CONTROL		
UNIT 1	15	61	UNIT 1	1	2	0-NO CONTROL OR INOPERATIVE	5-TURN MARKS	10-NO PASSING ZONE
UNIT 2	1	2	UNIT 2	1	2	1-OFFICER OR FLAGMAN	6-WARNING SIGN	11-OTHER CONTROL
						2-STOP AND GO SIGNAL	7-RA GATES ON SIGNALS	
						3-STOP SIGN	8-YIELD SIGN	
						4-FLASHING RED LIGHT	9-CENTER STRIPE OR DIVIDER	

1 ANIMAL ON ROAD - DOMESTIC

2 ANIMAL ON ROAD - WILD

3 BACKED WITHOUT SAFETY

4 CHANGED LANE WHEN UNSAFE

5 DEFECTIVE OR NO HEADLAMPS

6 DEFECTIVE OR NO STOP LAMPS

7 DEFECTIVE OR NO TAIL LAMPS

8 DEFECTIVE OR NO TURN SIGNAL LAMPS

9 DEFECTIVE OR NO TRAILER BRAKES

10 DEFECTIVE OR NO VEHICLE BRAKES

11 DEFECTIVE STEERING MECHANISM

12 DEFECTIVE OR SLICK TIRES

13 DEFECTIVE TRAILER HITCH

14 DISABLED IN TRAFFIC LANE

15 DISREGARD STOP AND GO SIGNAL

16 DISREGARD STOP SIGN OR LIGHT

17 DISREGARD TURN MARKS AT INTERSECTION

18 DISREGARD WARNING SIGN AT CONSTRUCTION

19 DISTRACTION IN VEHICLE

20 DRIVER INATTENTION

21 DROVE WITHOUT HEADLIGHTS

22 FAILED TO CONTROL SPEED

23 FAILED TO DRIVE IN SINGLE LANE

24 FAILED TO GIVE HALF OF ROADWAY

25 FAILED TO HEED WARNING SIGN

26 FAILED TO PASS TO LEFT SAFELY

27 FAILED TO PASS TO RIGHT SAFELY

28 FAILED TO SIGNAL OR GAVE WRONG SIGNAL

29 FAILED TO STOP AT PROPER PLACE

30 FAILED TO STOP FOR SCHOOL BUS

31 FAILED TO STOP FOR TRAIN

32 FAILED TO YIELD ROW - EMERGENCY VEHICLE

33 FAILED TO YIELD ROW - OPEN INTERSECTION

34 FAILED TO YIELD ROW - PRIVATE DRIVE

35 FAILED TO YIELD ROW - STOP SIGN

36 FAILED TO YIELD ROW - TO PEDESTRIAN

37 FAILED TO YIELD ROW - TURNING LEFT

38 FAILED TO YIELD ROW - TURN ON RED

39 FAILED TO YIELD ROW - YIELD SIGN

40 FATIGUED OR ASLEEP

41 FAULTY EVASIVE ACTION

42 FIRE IN VEHICLE

43 FLEEING OR EVADING POLICE

44 FOLLOWED TOO CLOSELY

45 HAD BEEN DRINKING

46 HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)

47 ILL (EXPLAIN IN NARRATIVE)

48 IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)

49 IMPROPER START FROM PARKED POSITION

50 LOAD NOT SECURED

51 OPENED DOOR INTO TRAFFIC LANE

52 OVERSIZE VEHICLE OR LOAD

53 OVERTAKE AND PASS INSUFFICIENT CLEARANCE

54 PARKED AND FAILED TO SET BRAKES

55 PARKED IN TRAFFIC LANE

56 PARKED WITHOUT LIGHTS

57 PASSED IN NO PASSING ZONE

58 PASSED ON RIGHT SHOULDER

59 PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE

60 SPEEDING - UNSAFE (UNDER LIMIT)

61 SPEEDING - OVER LIMIT

62 TAKING MEDICATION (EXPLAIN IN NARRATIVE)

63 TURNED IMPROPERLY - CUT CORNER ON LEFT

64 TURNED IMPROPERLY - WIDE RIGHT

65 TURNED IMPROPERLY - WRONG LANE

66 TURNED WHEN UNSAFE

67 UNDER INFLUENCE - ALCOHOL

68 UNDER INFLUENCE - DRUG

69 WRONG SIDE - APPROACH OR IN INTERSECTION

70 WRONG SIDE - NOT PASSING

71 WRONG WAY - ONE WAY ROAD

72 OTHER FACTOR - WRITE IN ON LINE BELOW

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (Eff. 9/2/93)

MAIL TO: STATISTICAL SERVICES, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0001

PLACE WHERE ACCIDENT OCCURRED COUNTY <u>HARRIS</u> CITY OR TOWN <u>HOUSTON</u>		LOC. NO. <u>94053743</u>	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN _____		DO NOT WRITE IN THIS SPACE	
ROAD ON WHICH ACCIDENT OCCURRED <u>BELLAIRE</u> BLOCK NUMBER _____ STREET OR ROAD NAME <u>FONDRE</u> ROUTE NUMBER OR STREET CODE _____		CONSTR. <input type="checkbox"/> YES SPEED LIMIT <u>35</u> ZONE <input checked="" type="checkbox"/> NO	
INTERSECTING STREET OR RR X'ING NUMBER _____ BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____		CONSTR. <input type="checkbox"/> YES SPEED LIMIT <u>35</u> ZONE <input checked="" type="checkbox"/> NO	
NOT AT INTERSECTION <input type="checkbox"/> FT. <input type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT	

DATE OF ACCIDENT <u>OCT. 1, 1994</u> DAY OF WEEK <u>SAUNDAY</u> HOUR <u>7:10</u> <input checked="" type="checkbox"/> A.M. IF EXACTLY NOON <input type="checkbox"/> P.M. OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE		VEH IDENT NO _____		IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____	
YEAR <u>94</u> COLOR <u>SIL.</u> MODEL <u>TANKER</u> BODY STYLE <u>SEMI TRAILER</u> LICENSE PLATE <u>95 TX 446-413</u>					
DRIVER'S NAME <u>TOWED BY UNIT #2</u>					
DRIVER'S LICENSE <u>STATE</u> NUMBER <u>CLASS/TYPE</u> DOB <u>MO</u> DAY <u>YEAR</u> RACE <u>SEX</u> OCCUPATION _____					
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>		ALCOHOL/DRUG ANALYSIS RESULT _____		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LESSEE <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>					
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS _____ CITY _____ STATE _____					
LIABILITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSURANCE COMPANY NAME _____ POLICY NUMBER _____		VEHICLE DAMAGE RATING <u>BRQ-3</u>	

UNIT NO. 2 <input checked="" type="checkbox"/> TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/>		VEH IDENT NO <u>1HLA3A782R7H57422</u>		IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY <u>N/A</u>	
YEAR <u>94</u> COLOR <u>SIL.</u> MODEL <u>TANKER</u> BODY STYLE <u>SEMI TRAILER</u> LICENSE PLATE <u>95 TX 446-413</u>					
DRIVER'S NAME <u>TOWED BY UNIT #2</u>					
DRIVER'S LICENSE <u>STATE</u> NUMBER <u>CLASS/TYPE</u> DOB <u>MO</u> DAY <u>YEAR</u> RACE <u>SEX</u> OCCUPATION _____					
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>		ALCOHOL/DRUG ANALYSIS RESULT _____		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LESSEE <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>					
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) <u>SAME AS UNIT #2</u> ADDRESS _____ CITY _____ STATE _____					
LIABILITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSURANCE COMPANY NAME _____ POLICY NUMBER _____		VEHICLE DAMAGE RATING <u>BRQ-3</u>	

DAMAGE TO PROPERTY OTHER THAN VEHICLES			
OBJECT _____	NAME AND ADDRESS OF OWNER _____	FEET FROM CURB _____	DAMAGE ESTIMATE _____

LIGHT CONDITION <input type="checkbox"/>	WEATHER <input type="checkbox"/>	SURFACE CONDITION <input type="checkbox"/>	TYPE ROAD SURFACE <input type="checkbox"/>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☐ YES ☒ NO

CHARGES FILED		CITATION NUMBER	
NAME _____	CHARGE _____	CITATION NUMBER _____	
NAME _____	CHARGE _____	CITATION NUMBER _____	

TIME NOTIFIED OF ACCIDENT <u>10/1/94 729A</u> M HOW <u>DISPATCHER</u>	TIME ARRIVED AT SCENE OF ACCIDENT <u>10/1/94 737A</u> M
TYPED OR PRINTED NAME OF INVESTIGATOR <u>J.M. SMITH</u>	DATE REPORT MADE <u>10/1/94</u> IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR <u>[Signature]</u> ID NO. <u>4440</u> DEPARTMENT <u>HPD</u> DIST./AREA <u>18/50</u>	

913

HOUSTON POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT

775

PLACE WHERE ACCIDENT OCCURRED (County) **HARRIS** City or town **HOUSTON**

If accident was outside Harris County, indicate County

TYPE **MAJOR - A/Traffic - TELR** District **18**

ROAD ON WHICH ACCIDENT OCCURRED **BELLAIRE** Street or Road Name

Block Number **FONDREN** Street or Road Name

Route No. or Street Code

Under Const ☒ Yes ☒ No Speed Limit **35**

Under Const ☒ Yes ☒ No Speed Limit **35**

Complete one ☐ INTERSECTING STREET ☐ NOT AT INTERSECTION

Block Number

feet ☐ ☐ ☐ of North S E W

Show milepost or nearest intersecting numbered highway If urban, show nearest intersecting street or reference point

DATE OF ACCIDENT **10/1/94** Day of Week **SATURDAY** Hour **7:10** ☒ A.M. ☐ P.M.

If exactly noon or midnight, so state

DO NOT WRITE IN THIS SPACE

Local No **94053743**

DPS No

Loc

Fat Rec Dr Rec

Code Severity

Type

UNIT NO. 1 Business Address: Phone#:

UNIT NO. 2 Business Address: Phone#:

IF EMERGENCY VEHICLE: UNIT# WAS IT USING SIREN? YES () NO (). INTERMITTENTLY STEADY RED LIGHTS ON?

UNIT NO. 2 REMARKS

I WAS NIB ON FONDREN AT THE RED LIGHT. THE LIGHT WAS GREEN FOR ME SO I PROCEEDED AS I WAS ALMOST ACROSS THE INTERSECTION I SAW A CAR W/B + IT HIT MY TRAILER I GOT STOPPED + JUMPED OUT + RAN NEAR THE STREET TO A STOP + GO + ASKED A GUY IF HE SAW WHERE THE CAR THAT HIT ME WENT. HE SAID YEA IT'S UNDER YOUR TRAILER + I LOOKED + SAW IT BURNING

WITNESS: SMITH, YAHYA HAZIN
11043 PERTHWOOD
HOU. TX
879-4154

WORSHAM, STANLEY MARK
6555 HARBORTOWN #107
HOU. TX. 771-1818

BRANCH, CHARLES E.
8162 MARRY
HOU. TX 731-1815

MILLER, CLAUDIE
8900 CREEKBEND #178
HOU. TX. 271-3970

ARNSPARGER, JACKIE B
7603 SUMMER GLEN
HOU. TX. 77072
H. 933-1764

W. 662-1949

I WAS EAST ON BELLAIRE + SAW A FLASH OF FIRE AT THE INTERSECTION BY THE TIME I GOT THERE THE FIRE WAS GONE DOWN I DIDNT SEE THE IMPACT OR THE LIGHTS.

SIGNATURE *[Signature]* #4440 Acc'd H.P.D. Date This Supplement Made 10/1/94

Person Completing Supplement Department

TEXAS PEACE OFFICERS ACCIDENT CASUALTY SUPPLEMENT

ACCIDENT IDENTIFICATION (Copy information in this section exactly as shown on Basic Report)

COUNTY HARRIS CITY OR TOWN HOUSTON
 Road on which Accident Occurred Bellaire @ Fondren Date of Accident 10/11 19 94 Hour 7:10 ☒ AM ☐ PM
 Unit No. 1 Operator OCBAYOHANNES, BISSIRAT License Plate KTW-02D

SECTION I - MOTOR VEHICLE ACCIDENT DEATH (Driver or Passenger in Passenger or Truck Type Vehicle)

Name of Person Killed OCBAYOHANNES, BISSIRAT In Unit No. 1
 Date of Death 10/11 19 94 Hour 7:10 ☒ AM ☐ PM Ejected from vehicle NO
 Describe injuries HEAD - ALSO BURNED BEYOND RECOGNITION.
 Part of vehicle causing injury ROOF + DOOR
 Blood sample taken? ☒ Yes ☐ No Blood sample sent to County Morgue

SECTION II - MOTORCYCLE OR MOTORSCOOTER CASUALTIES (Deaths or injuries)

Name of Casualty Last First Middle ☐ Operator ☐ Passenger
 If killed date of death Describe injuries
 Color shirt or coat Color trousers or skirt Was Helmet worn? ☐ Yes ☐ No Was Helmet damaged? ☐ Yes ☐ No
 Type of eye protective device Color of lens or shield Equipped with Crash bars? ☐ Yes ☐ No Wind-shield? ☐ Yes ☐ No Footrest for this casualty? ☐ Yes ☐ No
 Blood sample taken? ☐ Yes ☐ No Blood sample sent to

SECTION III - PEDESTRIAN CASUALTIES (Deaths or injuries)

Name of Casualty Last First Middle If killed date of death
 WHAT PEDESTRIAN WAS DOING
 Pedestrian was going ☐ Along ☐ Across or into (Street name highway No.) From To If not in roadway explain
 1 ☐ Crossing or entering at intersection 4 ☐ Walking in roadway with traffic 9 ☐ Playing in roadway
 2 ☐ Crossing or entering not at intersection 5 ☐ Walking in roadway against traffic 10 ☐ Other in roadway
 3 ☐ Getting on or off vehicle 6 ☐ Standing in Roadway (Includes hitch-hiking) 8 ☐ Other working in roadway 11 ☐ Not in roadway
 Describe injuries
 Color shirt or coat Color trousers or skirt
 Pedestrian condition ☐ Yes ☐ No Pedestrian drinking? ☐ Yes ☐ No
 Blood sample taken? ☐ Yes ☐ No Blood sample sent to

SECTION IV - OTHER CATEGORY DEATH (Road machinery, bicyclist, standing on porch, go-cart, etc.)

Name of Person Killed Last First Middle Category Date of Death

SIGNATURE A. M. [Signature] #4440 Acc/1 H.P.D. Date This Supplement Made 10/11/94
 Person Completing Supplement Department

Date This Supplement Made

4440 Age 1/1

H.P.H.

46/101

$$D = \text{Traffic Signal}$$

NOT TO SCALE

MEDIAS D. RECEIVED 6

South to North
D = 174' to BL of #1
E = 177' to BR of #1
F = 185' to FL of #1
G = 188' to F2 of #1
H = 221' to FR of #2
I = 172' to BR of #1

DECEASED

UNIT NO. 1 REMARKS

East to west
A = 7' from E
B = 10' to BL
C = 22' to FR

LAST TO LAST

UNIT NO. 2 REMARKS - See Page 3

RED LIGHTS ON?

STEADY.

UNIT # _____
INTERMITTENTLY.

IF EMERGENCY VEHICLE:

UNIT NO. 2 Business Address:

10501 E. ALMIDA

UNIT NO. 1 Business Address:

99 5d17714J

Phone#:

DATE OF ACCIDENT

10/1/19
Day of Week

SATURDAY

7 10
A M
P M
11 exactly noon
or midnight.
SO STATE

one
complete

INTERSECTING STREET

Street or Road Name
PONDKE

Under	Yes	Speed	35
Const	No	Limit	

County. Indicate County.

ACCIDENT OCCURRED (County)
if accident was outside Harris

City or town

8 / District

775 HOUSTON POLI DEPARTMENT MOTOR VEHICLE ACC NT REPORT

DO NOT WRITE IN THIS SPACE
94053743

Code	Severity
01	01
02	02
03	03
04	04
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
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EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNK IF DAMAGED 4 - NOT WORN 9 - UNK IF WORN	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	YES NO	BY
COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC., HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.		
OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS
1 DRIVER	SEE FRONT	
2		
3		
4		
5		

UNIT NO. 2	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	YES NO	BY
COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC., HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.		
OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS
6 DRIVER	SEE FRONT	
7		
8		
9		
10		

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

DIAGRAM ☐ ONE WAY ☐ TWO WAY ☐ DIVIDED
○ INDICATE NORTH

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1	2	3
UNIT 2	1	2	3

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2
UNIT 2	1	2

TRAFFIC CONTROL

0-NO CONTROL OR NONOPERATIVE	5-TURN MARKS	10-NO PASSING ZONE
1-OFFICER OR FLAGMAN	6-WARNING SIGN	11-OTHER CONTROL
2-STOP AND GO SIGNAL	7-RA BATES OR SIGNALS	
3-STOP SIGN	8-YIELD SIGN	
4-FLASHING RED LIGHT	9-CENTER STRIPE ON DIVIDER	

- 1 ANIMAL ON ROAD - DOMESTIC
- 2 ANIMAL ON ROAD - WILD
- 3 BACKED WITHOUT SAFETY
- 4 CHANGED LANE WHEN UNSAFE
- 5 DEFECTIVE OR NO HEADLAMPS
- 6 DEFECTIVE OR NO STOP LAMPS
- 7 DEFECTIVE OR NO TAIL LAMPS
- 8 DEFECTIVE OR NO TURN SIGNAL LAMPS
- 9 DEFECTIVE OR NO TRAILER BRAKES
- 10 DEFECTIVE OR NO VEHICLE BRAKES
- 11 DEFECTIVE STEERING MECHANISM
- 12 DEFECTIVE OR SICK TIRES
- 13 DEFECTIVE TRAILER HITCH
- 14 DISABLED IN TRAFFIC LANE
- 15 DISREGARD STOP AND GO SIGNAL
- 16 DISREGARD STOP SIGN OR LIGHT
- 17 DISREGARD TURN MARKS AT INTERSECTION
- 18 DISREGARD WARNING SIGN AT CONSTRUCTION

- 19 DISTRACTION IN VEHICLE
- 20 DRIVER INATTENTION
- 21 DROVE WITHOUT HEADLIGHTS
- 22 FAILED TO CONTROL SPEED
- 23 FAILED TO DRIVE IN SINGLE LANE
- 24 FAILED TO GIVE HALF OF ROADWAY
- 25 FAILED TO HEED WARNING SIGN
- 26 FAILED TO PASS TO LEFT SAFELY
- 27 FAILED TO PASS TO RIGHT SAFELY
- 28 FAILED TO SIGNAL OR GAVE WRONG SIGNAL
- 29 FAILED TO STOP AT PROPER PLACE
- 30 FAILED TO STOP FOR SCHOOL BUS
- 31 FAILED TO STOP FOR TRAIN
- 32 FAILED TO YIELD ROW - EMERGENCY VEHICLE
- 33 FAILED TO YIELD ROW - OPEN INTERSECTION
- 34 FAILED TO YIELD ROW - PRIVATE DRIVE
- 35 FAILED TO YIELD ROW - STOP SIGN
- 36 FAILED TO YIELD ROW - TO PEDESTRIAN

- 37 FAILED TO YIELD ROW - TURNING LEFT
- 38 FAILED TO YIELD ROW - TURN ON RED
- 39 FAILED TO YIELD ROW - YIELD SIGN
- 40 FATIGUED OR ASLEEP
- 41 FAULTY EVASIVE ACTION
- 42 FIRE IN VEHICLE
- 43 FLEEING OR EVADING POLICE
- 44 FOLLOWED TOO CLOSELY
- 45 HAD BEEN DRINKING
- 46 HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
- 47 ILL (EXPLAIN IN NARRATIVE)
- 48 IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
- 49 IMPROPER START FROM PARKED POSITION
- 50 LOAD NOT SECURED
- 51 OPENED DOOR INTO TRAFFIC LANE
- 52 OVERSIZE VEHICLE OR LOAD
- 53 OVERTAKE AND PASS INSUFFICIENT CLEARANCE
- 54 PARKED AND FAILED TO SET BRAKES
- 55 PARKED IN TRAFFIC LANE

- 56 PARKED WITHOUT LIGHTS
- 57 PASSED IN NO PASSING ZONE
- 58 PASSED ON RIGHT SHOULDER
- 59 PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
- 60 SPEEDING - UNSAFE (UNDER LIMIT)
- 61 SPEEDING - OVER LIMIT
- 62 TAKING MEDICATION (EXPLAIN IN NARRATIVE)
- 63 TURNED IMPROPERLY - CUT CORNER ON LEFT
- 64 TURNED IMPROPERLY - WIDE RIGHT
- 65 TURNED IMPROPERLY - WRONG LANE
- 66 TURNED WHEN UNSAFE
- 67 UNDER INFLUENCE - ALCOHOL
- 68 UNDER INFLUENCE - DRUG
- 69 WRONG SIDE - APPROACH OR IN INTERSECTION
- 70 WRONG SIDE - NOT PASSING
- 71 WRONG WAY - ONE WAY ROAD
- 72 OTHER FACTOR (WRITE IN ON LINE BELOW)

ST-3C (1/94) COMMERCIAL MOTOR VEHICLE SUPPLEMENT TO THE TEXAS PEACE OFFICER'S ACCIDENT REPORT

ACCIDENT INFORMATION		LOC NO. 94053743
(1) COUNTY <u>HARRIS</u>	(2) CITY OR TOWN <u>HOUSTON</u>	DO NOT WRITE IN THIS SPACE
(3) ROAD ON WHICH ACCIDENT OCCURRED <u>BELLAIRE @ FONDREN</u> BLOCK NO. _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____		
(4) DATE OF ACCIDENT <u>10/1/94</u>	(5) DAY OF WEEK <u>SAT</u> (6) HOUR <u>7¹⁵</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM (IF EXACTLY NOON OR MIDNIGHT, SO STATE)	
(7) MCS NO. _____		

DRIVER INFORMATION	
(7) NAME <u>DALCOUR, EUGENE</u> LAST FIRST MIDDLE	(8) DRIVER'S LICENSE <u>TX</u> <u>01775580</u> STATE NUMBER
(9) DRIVER'S LICENSE CLASS/TYPE <u>A</u> CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(10) RESTRICTIONS _____ (11) ENDORSEMENTS <u>X</u> (12) DRIVER'S DOB <u>7-1-46</u> MONTH DAY YEAR

CARRIER INFORMATION		(14) NAME SOURCE SHIPPING PAPERS <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> SIDE OF VEHICLE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
(13) VEHICLE OPERATION <input checked="" type="checkbox"/> INTERSTATE COMMERCE <input type="checkbox"/> INTRASTATE COMMERCE		
(15) CARRIER'S CORPORATE NAME <u>EXXON</u>		
(16) CARRIER'S PRIMARY ADDRESS <u>10501 E. ALMEDA</u> <u>HOUSTON</u> <u>TX</u> <u>77051</u> NUMBER STREET CITY STATE ZIP		
(17) CARRIER ID TYPE: <input type="checkbox"/> ICC <input checked="" type="checkbox"/> DOT <input type="checkbox"/> RRC <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE		(18) CARRIER ID NO. <u>107434</u>

MOTOR VEHICLE INFORMATION		(20) LICENSE PLATE <u>95 TX 2AH-135</u> YEAR STATE NUMBER	(22) TOTAL NUMBER OF AXLES <u>3</u>	(23) TOTAL NUMBER OF TIRES <u>6</u>	(24) AIR BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(19) UNIT NUMBER ON ST-3 <u>2</u>	(21) GROSS VEHICLE WEIGHT RATING <input checked="" type="checkbox"/> 80,000 REGISTERED GROSS VEHICLE WEIGHT <input type="checkbox"/>				
(25) VEHICLE TYPE <u>2</u> 1-TRUCK 2-TRUCK TRACTOR 3-VAN 4-BUS 5-AUTOMOBILE 6-OTHER _____		(26) CARGO BODY STYLE <u>3</u> 1-VAN/ENCLOSED BOX 2-DUMP 3-CARGO TANK 4-GARBAGE/REFUSE 5-SPECIALIZED 6-CEMENT MIXER 7-FLATBED 8-NA (ie, TRUCK TRACTOR, AUTO OR BUS) 9-OTHER _____		(27) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS <u>GAJ 9.6%</u> ID NO. <u>1203</u> 2. CLASS _____ ID NO. _____ 3. CLASS _____ ID No. _____ HAZARDOUS MATERIALS RELEASED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(28) VEHICLE USE <u>6</u> 1-FARM 2-MILITARY 3-RECREATIONAL 4-FIREFIGHTER 5-SCHOOL BUS 6-TRANSPORT PERSONAL PROPERTY 7-TRANSPORT SICK OR INJURED OR HUMAN CORPSES 8-PRIVATE TRANSPORTATION OF PASSENGERS 9-OTHER _____		(29) CARGO TYPE <u>2</u> 1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUIDS IN BULK 4-SOLIDS IN BULK 5-PRODUCE 6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVEL, ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER (SPECIFY) _____ 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)			

(30) <u>21A</u> IF THIS VEHICLE TYPE IS A BUS, SHOW THE NUMBER OF PASSENGERS THE BUS IS EQUIPPED TO CARRY (INCLUDING THE DRIVER)	(31) <u>1</u> SHOW THE NUMBER OF TRAILER(S) /SEMI-TRAILER(S) THIS MOTOR VEHICLE IS TOWING. COMPLETE TRAILER INFORMATION BELOW AS APPLICABLE
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TRAILER NUMBER 1 INFORMATION		(34) TRAILER TYPE <u>2</u> 1-FULL TRAILER 2-SEMI-TRAILER 3-POLE TRAILER	(35) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS <u>GAJ</u> ID NO. <u>1203</u> 2. CLASS _____ ID NO. _____ 3. CLASS _____ ID NO. _____ HAZARDOUS MATERIALS RELEASED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(32) LICENSE PLATE <u>95 TX 446-413</u> YEAR STATE NUMBER			
(33) GROSS VEHICLE WEIGHT RATING _____ REGISTERED GROSS VEHICLE WEIGHT <input checked="" type="checkbox"/> 10,100			
(36) TRAILER CARGO BODY STYLE <u>3</u> 1-VAN/ENCLOSED BOX 2-DUMP 3-CARGO TANK 4-LIVESTOCK 5-SPECIALIZED 6-FLATBED 7-AUTO-TRANSPORT 8-OTHER _____		(37) CARGO TYPE <u>2</u> 1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUID IN BULK 4-SOLIDS IN BULK 5-PRODUCE 6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVEL, ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER (Specify) _____ 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)	

TRAILER NUMBER 2 INFORMATION		(40) TRAILER TYPE <input type="checkbox"/> 1-FULL TRAILER 2-SEMI-TRAILER 3-POLE TRAILER	(41) HAZARDOUS MATERIALS TRANSPORTING HAZARDOUS MATERIALS <input type="checkbox"/> YES <input type="checkbox"/> NO 1. CLASS _____ ID NO. _____ 2. CLASS _____ ID NO. _____ 3. CLASS _____ ID NO. _____ HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> YES <input type="checkbox"/> NO
(38) LICENSE PLATE _____ YEAR STATE NUMBER			
(39) GROSS VEHICLE WEIGHT RATING _____ REGISTERED GROSS VEHICLE WEIGHT _____			
(42) TRAILER CARGO BODY STYLE <input type="checkbox"/> 1-VAN/ENCLOSED BOX 2-DUMP 3-CARGO TANK 4-LIVESTOCK 5-SPECIALIZED 6-FLATBED 7-AUTO-TRANSPORT 8-OTHER _____		(43) CARGO TYPE <input type="checkbox"/> 1-GENERAL FREIGHT 2-GAS IN BULK 3-LIQUID IN BULK 4-SOLIDS IN BULK 5-PRODUCE 6-AGRICULTURAL PRODUCTS 7-LIVESTOCK 8-ROCK, DIRT, SAND, GRAVEL, ETC. 9-MACHINERY 10-CONSTRUCTION MATERIAL 11-DAIRY PRODUCTS 12-OTHER (Specify) _____ 13-EMPTY 14-NOT APPLICABLE (UNIT NOT EQUIPPED FOR CARGO)	

(44) SIGNATURE <u>J. M. [Signature]</u> #4444A ACOI HPD PERSON COMPLETING SUPPLEMENT DEPARTMENT	DATE THIS SUPPLEMENT MADE <u>10/1/94</u>
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TEXAS PEAC. OFFICERS ACCIDENT CASUALTY SUPPLEMENT

ACCIDENT IDENTIFICATION (Copy information in this section exactly as shown on Basic Report)

COUNTY CITY OR TOWN

Road on which Accident Occurred Date of Accident 19..... Hour ☐ AM ☐ PM

Unit No. 1 Operator Last First Middle License Plate

SECTION I - MOTOR VEHICLE ACCIDENT DEATH (Driver or Passenger in Passenger or Truck Type Vehicle)

Name of Person Killed Last First Middle In Unit No.

Date of Death 19..... Hour ☐ AM ☐ PM Ejected from vehicle ☐

Describe injuries

Part of vehicle causing injury

Blood sample taken? ☐ Yes ☐ No Blood sample sent to

SECTION II - MOTORCYCLE OR MOTORSCOOTER CASUALTIES (Deaths or injuries)

Name of Casualty Last First Middle ☐ Operator ☐ Passenger

If killed, date of death Describe injuries

Color shirt or coat Color trousers or skirt Was Helmet worn? ☐ Yes ☐ No Was Helmet damaged? ☐ Yes ☐ No

Type of eye protective device Color of lens or shield Equipped with Crash bars? ☐ Yes ☐ No Wind-shield? ☐ Yes ☐ No Footrest for this casualty? ☐ Yes ☐ No

Blood sample taken? ☐ Yes ☐ No Blood sample sent to

SECTION III - PEDESTRIAN CASUALTIES (Deaths or injuries)

Name of Casualty Last First Middle If killed, date of death

WHAT PEDESTRIAN WAS DOING

Pedestrian was going ☐ N ☐ S ☐ E ☐ W ☐ Along ☐ Across or into (Street name, highway No.) From To If not in roadway explain

1. ☐ Crossing or entering at intersection 4. ☐ Walking in roadway with traffic 9. ☐ Playing in roadway

2. ☐ Crossing or entering not at intersection 5. ☐ Walking in roadway against traffic 10. ☐ Other in roadway

3. ☐ Getting on or off vehicle 6. ☐ Standing in Roadway (Includes hitch-hiking) 11. ☐ Not in roadway

7. ☐ Pushing or working on vehicle

8. ☐ Other working in roadway

Describe injuries

Color shirt or coat Color trousers or skirt

Pedestrian condition Pedestrian drinking? ☐ Yes ☐ No

Blood sample taken? ☐ Yes ☐ No Blood sample sent to

SECTION IV - OTHER CATEGORY DEATH (Road machinery, bicyclist standing on porch, go-cart, etc.)

Name of Person Killed Last First Middle Category Date of Death

SIGNATURE

Person Completing Supplement

Department

Date This Supplement Made